

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

Refer to: DFM

ALBUQUERQUE AREA INDIAN HEALTH SERVICE CIRCULAR NO. 92-1

IMPREST DRAFT PAYMENT SYSTEM

Sec.

1. Purpose
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1. **PURPOSE:**

The purpose of this Circular is to establish Albuquerque Area Indian Health Service (AAIHS) policy for the Imprest Draft Payment System (IDPS), which sets forth procedures to: (1) administrate the IDPS at the Area Office and facility level; and (2) designate and/or revoke an Issuing Official (IO).

2. **INTRODUCTION:**

The Department of Health and Human Services (DHHS) has contracted with the Riggs National Bank of Washington, D.C., to maintain the DHHS's IDPS account and to provide support services.

Each AAIHS facility utilizing the IDPS will be issued a supply of blank three ply drafts to render payments for emergency travel advances, certain travel reimbursements, emergency salary payments, small purchases, utilities, box rental and other transactions as authorized in the Federal Acquisition Regulations and Treasury Department instructions for the IDPS.

The payment of travel reimbursement vouchers is limited to Area Office IOs. Field IOs at the service unit and health center level (hereafter referred to as facilities) are not authorized to pay travel reimbursements.

The use of the IDPS has two significant advantages: safety and convenience.

The DHHS policy allows payments to be rendered in the amounts up to \$2,500 for each draft, however, AAIHS policy limits IDPS payments in the amounts up to \$750 for routine small purchases and \$300 for emergency travel advances. Travel advances in excess of \$300 must be scheduled through the Regional Financial Center (U.S. Treasury). Payments for perishable items, i.e., meat and dairy products, in excess of \$750, are exempt from the \$750 limitation.

There is no monetary limit on total drafts issued in a specific time period. The only monetary limit is the per draft limit as defined above. Facilities and programs shall ensure that all requisitions initiated through the IDPS are accounted for in their commitment registers. Emergency transactions in excess of \$750 must be approved by the Director, DFM, for Area Office purchases, or the Service Unit Director for facility purchases. The IDPS is not to be used as a substitute for payments normally made through the Treasury.

3. **ADMINISTRATIVE PROCEDURES:**

The Director, Division of Fiscal Services (DFS), Health Resources Services Administration (HRSA), is responsible for the operation of the IDPS account maintained by the Riggs National Bank. The Director or Deputy Director, DFS, approves and/or revokes the designation of the IO, who will be responsible and administratively accountable for disbursing funds against the IDPS account.

Designation/Revocation of the IO

The Director, DFM, must prepare a memorandum for the Area Director's signature, to the Director, DFS, when requesting a designation or revocation of a Principal or Alternate IO. Nominees must complete four (4) blank signature cards (Exhibit A) and a "Nomination of Issuing Official For Imprest Fund Drafts Questionnaire" (Exhibit B), which must be submitted by facilities to the Director, DFM, to request a designation.

Requests for designation of IOs are reviewed by the Director or Deputy Director, DFS, for approval. The approved designated individual will receive a designation letter and an acceptance form for his/her signature (Exhibits C & D). Each IO must maintain a copy for the record. The Director, DFM, will receive a courtesy copy of the designation letter from DFS and a copy of the signed acceptance form from the facility. The Director, DFM will maintain a file on resignations/designations of IOs for each facility.

Ordering Drafts

The Director, DFM, will order blank drafts, in multiples of 100, from the DFS. The number of drafts requested should be sufficient for a period of 6 to 12 months. The Director, DFM, will make distribution of drafts directly to the IOs.

Upon receipt of the drafts, IOs must sign an "acknowledgement of receipt" (Exhibit E) and send a copy to the Director, DFM. Each IO shall maintain a log (Exhibits F & G) of draft instruments received.

Security of Blank Drafts

Draft instruments shall be maintained in a safe or a fire resistant cabinet, secured with a bar and sturdy combination lock. The safe combination and key to an internal lock box, if used, must be placed in a sealed, signed and dated envelope, by each IO. The envelope must be stored in a separate safe, i.e., Collection Clerk's safe, for use only in an emergency.

An unannounced review and physical inventory of all drafts must be conducted, at least quarterly, by the Chief, Accounting Branch and supervisory staff. The completed review questionnaire and physical inventory report (Exhibits H & I) will be submitted to the Director, DFM, within two (2) days after the review.

Emergency Salary Payments

Emergency salary payments may be issued through the IDPS by utilizing the "Emergency Request and Repayment Agreement" which must be completed by the facility, signed and faxed to the Area Office for the Area Director's approval. Upon approval, an agreement copy will be faxed to the facility, with the original to follow. Eligibility requirements and procedures for issuing emergency salary payments are outlined in the "Procedures for Emergency Payments to Employees" (Exhibit J). As noted previously, AAIHS policy limits these payments to \$300. The original signed agreement accompanied by the pink copy of the draft must be included with the weekly submissions to the DFM.

Within three (3) days of the receipt of his/her regular bi-weekly paycheck, employees who received emergency payments must reimburse the Agency. Checks are to be made payable to DHHS/USPHS, ATTN: Collection Clerk.

Preparation of Source Documents for Small Purchases

All transactions previously paid through the imprest cash fund, such as, small purchases limited to \$750 may now be processed through the IDPS. However, the IDPS may not be used to purchase equipment. All acquisition requirements, i.e., requisitions, receipts, etc., remain unchanged. When presenting your requisition to the IO, ensure that all documentation and authorizing signatures are affixed following instructions in Exhibit K. Drafts will not be used to pay invoices where a purchase order has been issued. All invoices, with the signature of the employee who picked up the merchandise, are required to be presented to the IO within five (5) working days after the issuance of the draft. Do not request the draft if you do not plan to consummate your purchase within five (5) working days.

Emergency Advance of Funds for Travel and Transportation

Effective August 1, 1989, the maximum advance for most travel is the estimated cost of meals and incidental expenses (M&IE) which cannot be paid with a Diners Club Card. Exceptions must be explicitly stated on the travel order and approved by the authorizing official. These exceptions are limited to situations where: (1) employees travel no more than once per year and they have not been issued a Diners Club Card, and (2) the cost for specified travel cannot be paid by Diners Club Card. The travel advance is limited to a maximum (only with above justification) 80% of the estimated out-of-pocket costs. A draft, however, cannot be issued when the travel advance would be less than \$50.

The IO should contact the Diners Club Coordinator at (505) 766-2124 for FTS 474-2124 for updated information regarding Diners Club Card holders.

An SF-1038, Application and Account for Advance of Funds, must be properly documented in accordance with the HHS Travel Manual. The SF-1038 and the "Travel Advance" copy of the HHS-1, Travel Order, must be used by employees when applying for an advance of funds. The original and one copy of the SF-1038 must be submitted to the DFM. The employee will obtain an advance of funds, upon approval of the SF-1038.

The payment of travel advances, limited to a maximum of \$300, will be made by the IDPS. Drafts will not be issued sooner than five (5) working days prior to the effective date of travel. All other requests for travel advances will be processed through the Treasury payment system.

Once an IO has issued the travel advance, the traveler is personally responsible for repayment or liquidation of the advance. The facility is responsible for maintaining records on outstanding travel advances and ensuring that an advance is not processed for an employee who already has an advance outstanding. Only the Director, DFM, can approve a travel advance when a prior advance remains outstanding.

Travel Reimbursement for Temporary Duty and Emergency
Permanent Change of Station Travel

Payment of travel reimbursement vouchers through the IDPS is limited to the Area Office. Procedures for preparation and submission of travel vouchers remain unchanged. The traveler is required to submit an authorized travel voucher and to fully liquidate the amount of the advance within five (5) working days after corresponding travel has been completed.

Travel reimbursement is limited to \$2,500. The reimbursement draft will be sent, by registered mail, to the employee or his/her respective facility.

Issuance/Distribution of Drafts and Supporting Documentation

To preserve the integrity of the draft system, only the Principal IO will maintain an inventory of drafts. In the absence of the Principal IO, drafts will be assigned to the Alternate IO in sequential order using Exhibit L. The number of drafts assigned to the Alternate IO will depend on operational needs. Upon return of the Principal IO, the Alternate will return unused drafts to the Principal IO using Exhibit L.

The IO must establish adequate internal controls for the issuance and distribution of drafts by the facility. The following procedures are required when processing drafts:

- A. Checks must be issued in strict numerical sequence.
- B. Provide the original draft to the payee.
- C. Ensure that applicable receipts/invoices are received from the employee.
- D. The pink copy of the draft must be attached to the authorizing source document. On a weekly basis, the drafts, together with a Summary Transmittal (Exhibit M), and a copy of the Imprest Draft Control Register (Exhibit N) must be submitted to the DFM.
- E. The white copy of the draft, along with any voided or cancelled drafts, must be batched weekly and submitted with a Summary Transmittal to the DFM.

- F. The facilities must maintain a copy of each draft and supporting documentation for their records.

A Summary Transmittal form covering all drafts issued, cancelled, or voided shall be prepared weekly, in duplicate, at each issuing location and shall be utilized as a batch header when submitting documentation and copies of drafts to the DFM for recording into the accounting system.

The IO will maintain an Imprest Draft Control Register of all drafts issued and copies of Summary Transmittals. The DFM is responsible for ensuring the accuracy and completeness of all weekly batches and Summary Transmittals. The Director, DFM, will submit to DFS, by the 10th of the following month, a Summary Transmittal for the previous month's activity.

In the event a draft is issued for less than the purchase price and the employee pays the additional amount, a reimbursement draft will be issued to the employee.

When a draft is issued for more than the purchase price, the money shall be returned to the Collection Clerk to be deposited as a refund. The Collection Clerk will immediately issue a field receipt indicating the corresponding draft number and the accounting information. The employee will give the field receipt and the vendor invoice to the IO, who will note the refunded amount on the draft copy and the Summary Transmittal.

The weekly Summary Transmittal, along with all supporting documentation, must be submitted to the DFM by COB every Friday. The month-end cut-off period for submission of the weekly Summary Transmittals is the fourth calendar day prior to the end of the month. The drafts issued during the last three days of the month will be submitted to the Director, DFM, in the following month, which allows time for processing by the DFM.

Voided and/or Cancelled Items are to be Entered as follows:

- A. Current Period Voids/Cancellations - Include all drafts which were cancelled or voided during the current reporting period in the space designated as "Current Period Voided/Cancelled Drafts." The dollar amount of the voided/cancelled draft is not included in the amount designated as "Issued." All copies of a voided draft must be submitted with the Summary Transmittal.

- B. Prior Period Voids/Cancellations - Include drafts which were originally issued in a prior period, but were cancelled or voided during the current period in the space designated as "Prior Period Voided/Cancelled Drafts." If the item is being replaced, indicate the replacement draft number and account. All copies of the voided draft must be submitted with the Summary Transmittal.

Stop Payments for Lost/Stolen Drafts

In the event that a stop payment is initiated on a lost or stolen draft, the IO shall immediately notify the Director, DFM, who will notify the DFS. The following information shall be provided: draft number(s), payee, date, reason for action, replacement draft number, and dates of previous and subsequent drafts. The notification to DFS shall be confirmed in writing.

The Director, DFM, will maintain a file of stop payments and will notify the servicing banks for the Albuquerque Area, IHS, of the stop payment action.

The Director, DFM, or the Service Unit Director will determine whether a replacement draft shall be issued.

4. **FINANCE INTERNAL PROCEDURES:**

Division of Financial Management

- A. The DFM shall submit to the DFS, by the 10th of each month, a consolidation of all Summary Transmittals reflecting the drafts issued, cancelled, and/or voided during the previous month. The DFS will consolidate all Summary Transmittals received and reconcile to the master account with the financial institution. Also, analysis of the Summary Transmittals will be performed/prepared by the DFS in order to efficiently determine amounts to be deposited in the master account at the financial institution.
- B. The DFM will record documents using the normal transaction codes (e.g., 061 - Travel Advances; 180 through 199 series for expenses; etc.). A disbursement, by appropriation, shall be reflected in the Statement of Transactions, SF-224.

Note: A Treasury Schedule (SF-1166) does not have to be prepared for these items since payments have been made using the IDPS.

- C. On a weekly basis, the DFM will batch all drafts issued and prepare a Journal Voucher (JV) for the total amount of drafts issued. Transaction Code 238 shall be utilized to record the advance amount (Account 271.8 - Advances From Federal Agencies). A collection using the current year appropriation shall be reflected in the SF-224 for the total amount of drafts issued during the week.
- D. On a monthly basis, the DFM will receive an On-line Payment and Collection (OPAC) billing, indicating the amount paid to DFS for all drafts written during the previous month. The DFM must report the disbursement by appropriation in an SF-224 report to Treasury. In addition, a debit entry to account 271.8 - Advances From Federal Agencies, shall be initiated to reverse the account balance in the amount of the OPAC billing, utilizing transaction code 238, reverse code 2.

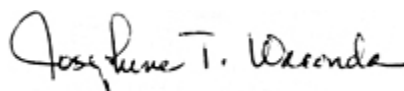
5. **RESPONSIBILITIES:**

Issuing Official - The IO is responsible for: Maintaining The IDPS in accordance with the policies and procedures established in this circular; and for submitting the second and third copies of the drafts, authorizing documents and the Summary Transmittals to the DFM.

Director, DFM - The Director, DFM, is responsible for: Ensuring that the IDPS is maintained in accordance with the policies and procedures established in this circular; and, ensuring that documents submitted by the IO are processed and submitted to DFS on a timely basis.

Chief, Accounting Branch, DFM - The Chief, Accounting Branch, DFM, is responsible for: Conducting quarterly reviews of the IDPS at all facilities within the AAHHS; and, preparing the monthly transmittal to the Director, DFS.

Internal Audit Branch - The Internal Audit Branch is responsible for: Conducting quarterly reviews of the Albuquerque Area Office and Headquarters West IDPS; further, the Internal Audit Branch will conduct reviews at the Service Units as deemed necessary upon the request of the Director, Division of Financial Management.



Josephine T. Waconda
Assistant Surgeon General

Director, Albuquerque Area
Indian Health Service

(NEED TO SCAN IN)

DIVISION OF FISCAL SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION
NOMINATION OF ISSUING OFFICIALS FOR IMPREST FUND DRAFTS

REFER TO ACCOMPANYING INSTRUCTIONS BEFORE COMPLETION OF QUESTIONNAIRE
ALL INFORMATION IS TO BE TYPED OR PRINTED CLEARLY IN DARK INK

1. NAME (last, first and middle): _____
2. GS GRADE/SERIES: _____
3. BUSINESS TELEPHONE NUMBER: _____
4. BUSINESS ADDRESS: _____

5. PRIMARY DUTIES (Attach supplemental pages if necessary):

6. DATE EMPLOYED (give month and year): From _____ To _____
7. RELATIVES: _____

8. LIST ALL OUTSIDE EMPLOYMENT OR OTHER POSITIONS WHICH HAVE A CONNECTION WITH AN AGENCY OF THE U.S. GOVERNMENT:

9. IS THE NOMINEE A CERTIFYING OFFICER? _____
10. IS THE NOMINEE A CONTRACTING OFFICER OR DOES THE NOMINEE AHOLD DELEGATED PROCUREMENT AUTHORITY? _____ IF YES, PLEASE ATTACH A MEMORANDUM OF EXPLANATION.

I certify that, to the best of my knowledge and belief, that all of my statements are true, correct, and complete. I understand the responsibilities of an Issuing Official for Imprest Fund Drafts and, if I am designated, will accept these responsibilities and accountability.

11. SIGNATURE: _____ DATE _____
12. NOMINATING SIGNATURE: _____ DATE _____

INSTRUCTIONS FOR COMPLETING NOMINATION OF ISSUING OFFICIAL QUESTIONNAIRE
ALL INFORMATION IS TO BE TYPED OR PRINTED CLEARLY IN DARK INK

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE YOU COMPLETE BLOCKS 1 THRU 12.

1. State name - (last, first, and middle).
2. State grade (GS/CM) and classification series.
3. State business telephone number (FTS is applicable).
4. State complete business address of organization.
5. Describe nominee's primary duties in current position.
6. State dates of Federal employment (give month and year).
7. State any relatives that are employed by the U.S. Government: (a) name and location, and (b) position title and/or classification series.
8. If applicable, state any current outside employment with an organization which has a connection with any agency of the U.S. Government.
9. Self explanatory.
10. Self explanatory.
11. Signature of nominee requires original signature in dark ink.
12. Signature of Executive Officer or Area/Service Unit Director. Other signatures are not acceptable.

(NEED TO SCAN IN)

Date

Name

Director, Division of Fiscal Services
Health Resources and Services Administration
Parklawn Building, Room 16-03
5600 Fishers Lane
Rockville, Maryland 20857

Dear (Name of Director):

This is to inform you that I accept my designation as in Issuing Official
and that I fully understand and accept my responsibilities, accountability,
and instructions pertaining to the IDPS.

Sincerely yours,

Signature of Designee

THIS IS TO ACKNOWLEDGE THAT I HAVE RECEIVED THE FOLLOWING
IMPREST FUND DRAFTS. THEY WERE COUNTED IN MY PRESENCE BY
THE AUTHORIZING SUPPLIER AND I RECOUNTED THEM. WE BOTH
AGREE THAT NO CHECKS WERE MISSING WITHIN THE RANGE RECEIVED.

Sub-Account 350

Draft Range: _____

Supplier

Signature: _____

Receiver

Signature: _____

Date: _____

(NEED TO SCAN IN)

(NEED TO SCAN IN)

1. Types of Fund Storage Facility (Check two):

- ☐ Fireproof Safe with Combination ☐ Locking Type Cash Box
☐ File Cabinet with Bar and Combination Lock ☐ No Locking type device (Explain):
 ☐ Locking type cash box maintained
 in a fireproof safe with combination
☐ Other (Explain): _____

1a. Do the Principal Issuing Official and Alternate have separate drafts? _____

If not, why?

Are any security weaknesses apparent to Auditor? _____

2. Is combination and extra key to cash box(es) placed in a sealed, signed and dated envelope? _____

Is envelope retained in a secure place for use only in event of an emergency? _____

Who has custody of envelope? _____

3. Individuals in possession of safe combinations:

<u>NAME</u>	<u>TITLE</u>	
_____	_____	<u>PRINCIPAL ISSUING OFFICIAL</u>
_____	_____	<u>ALTERNATE ISSUING OFFICIAL</u>
_____	_____	_____
_____	_____	_____

4. Where combination type safes are used, is the combination changed in the following situations:

- Change in Issuing Official _____
 --Change in Alternate Issuing Official _____
 --Change in Collection Officer _____
 --Combination to safe has been jeopardized _____
 --When an employee who had access to the
 safe combination has terminated his/her
 employment with the organization _____
 --At least once a year _____

Is any terminated employee in possession of safe combination? _____

When was combination last changed? _____ Why? _____

5. Is date of safe combination changes, as well as, names of individuals in possession of safe combination posted on inside of safe door? _____
6. Does the employee have his notice of Draft Issuing Official designation copy available for immediate reference? _____
7. Do Issuing Officials have manuals and amendments of procedures for issuing Imprest Fund Drafts available for use at all times? _____

Has employee been thoroughly instructed and understands his/her duties and responsibilities? _____ REMARKS: _____

8. Are Imprest Fund Drafts issued in strict sequential order? _____

Are all voided drafts submitted to the Director, Division of Financial Management? _____

9. a. For transactions completed, are proper invoices and/or receipts furnished to the Issuing Official within five (5) days? _____. If not, explain: _____
- b. When transactions are not consummated or result in a refund, are funds returned to the Issuing Official within five (5) working days? _____
10. Are weekly submissions of the Draft Summary Transmittal to the Director, Division of Financial Management made timely, by COB each Friday and the fourth calendar day before the end of the month? _____

REMARKS: _____

11. Is the Issuing Official recording daily Imprest Fund Draft transactions on the Imprest Fund Control Register? _____

REMARKS: _____

12. Are proper procedures and guidelines followed for travel advances issued from the Imprest Fund Draft System? _____ Explain: _____

DEFICIENCIES REVEALED BY THIS REVIEW MUST BE CORRECTED IMMEDIATELY AND A REPORT ON THE CORRECTIVE ACTION FORWARDED TO THE DIRECTOR, DIVISION OF FINANCIAL MANAGEMENT, OA&M, AAHS.

INDIAN HEALTH SERVICE
INVENTORY OF DRAFTS

LOCATION: _____

DATE: _____

<u>RANGE OF DRAFT NUMBERS</u>		QUANTITY	BALANCE ON HAND	COMMENTS/ DISCREPANCIES
FROM	TO			

Prior Period Drafts Balance: _____

Drafts Received this Period: _____

Subtotal _____

Drafts Used this Period: (_____)

Drafts Voided/Cancelled this Period: (_____)

Total Drafts on Hand _____

Reviewers Signature: 1. _____

2. _____

UNITED STATES PUBLIC HEALTH SERVICE
PROCEDURES FOR EMERGENCY PAYMENTS TO EMPLOYEES

APPLICATION

These procedures are applicable to any civilian employee including full time experts/consultants of any organization or component serviced by the Division of Fiscal Services (DFS).

ELIGIBILITY

1. Emergency payments to employee may be issued for the following condition if:
 - a. employee was not paid due to administrative error or delay in processing;
 - b. employee was paid but issued less than 80% of the new amount due;
 - c. missing or undelivered salary check or nonreceipt by the financial institution; and
 - d. new employee who have worked the first pay period or portion thereof for which they were not paid on the normal pay cycle.
2. Emergency payments to employee will not be paid if:
 - a. it is known that the employee will be paid on the mini payroll;
 - b. employee received payment and then lost it or had it stolen;
 - c. employee is delinquent in repayment of prior debt such as an outstanding travel, salary overpayment, etc.,; and
 - d. it is clearly in the best interest of the Government not to make payment.

SALARY LIMITATION

In cases where the normal recurring biweekly net check amount is known, the employee is entitled to that amount (not to exceed \$1,000).

For new employees, the payment will be no more than 65 percent of the biweekly gross pay (not to exceed \$1,000).

DELEGATION OF AUTHORITY

Pursuant to the authority vested in and delegated to me by the Deputy Assistant Secretary, Finance, OS, I hereby delegate to each IHS Area Director and the Director, Gillis W. Long Hansen's Disease Center or whoever is appointed in writing as Acting Director, the authority to approve emergency payments. This delegation cannot be redelegated.

APPROVAL PROCESS

1. The employee will complete and sign the Emergency Request and Repayment Agreement.
2. The employee will obtain signatures of both the supervisor and Executive Officer/Service Unit Director.
3. The completed agreement, along with a copy of the payroll statement and timecard, will be delivered to the Payroll Liaison Officer for recommendation.
4. The Director will review the agreement and make the determination whether to approve or disapprove the request.
5. The employee will be notified as to the disposition of the request.

INSTRUCTIONS FOR COMPLETING
PURCHASE/SERVICE/STOCK REQUISITION (HHS-393)

1. Preprinted HHS-393 number, used for control purposes. Note: HHS-393's can be obtained with or without preprinted control number.
2. Fill in name of appropriate procurement office.
3. Check appropriate block (Purchase/Service/Rental).
4. Organizational Unit: eg., Santa Fe Service Unit.
5. Requesting Organizational Sub-unit, eg., Nursing Department.
6. Date requisition is prepared.
7. Appropriate Object Class Code, eg., 26.11.
8. Name of individual initiating HHS-393.
9. Telephone number of individual initiating HHS-393.
10. Appropriation to be charged, eg., 7500390.
11. Address items are to be delivered to, or where services are to be rendered.
12. CAN number to be charged, eg., J530635.
13. Date goods/services are required.
14. Applicable National Stock Number (NSN) or vendor's catalog number.
15. Complete description of item(s) requested.
16. Quantity required.
17. Unit of issue (EA-each, GAL-gallon, BX-box, etc.).
18. Price per unit.
19. Total cost per item (No. of units x price per unit).
20. Vendor/Address/Telephone Number.
21. Justification.
22. Funds available signature.
23. Date of Funds available signature.
24. Total cost of order.
25. Signature, Title, and Date of person requesting items.
26. Signature, Title, and Date of the individual authorized to approve the requisition.
27. Signature and Date of the Property Management Official (if required).
28. Signature and Date by the Procurement Official.

NOTE: NO TWO SIGNATURES ON THE REQUISITION (HHS-393) SHOULD BE THE SAME INDIVIDUAL.

THIS IS TO ACKNOWLEDGE THAT I HAVE RECEIVED THE FOLLOWING IMPREST
FUND DRAFTS AND TO CERTIFY THAT NO CHECKS WERE MISSING WITHIN THE
RANGE RECEIVED:

Sub-Account 350-

Draft Range:

Supplier

Signature:

Receiver

Signature:

Date:

IMPREST FUND DRAFT SUMMARY TRANSMITTAL FORM

ORGANIZATION: _____

ISSUE DATES: FROM: _____ TO: _____ (Include only drafts issued during a
Single calendar month)BEGINNING DRAFT NO. _____ ENDING DRAFT NO. _____ (Include only one numerical
Range on each form)COMPLETE IN THE EVENT THE DRAFT WAS ISSUED FOR MORE THAN PURCHASE AMOUNT.

<u>DRAFT NO.</u>	<u>DRAFT AMOUNT</u>	<u>INVOICE AMOUNT</u>	<u>CHANGE COLLECTED</u>	<u>FIELD RECEIPT NUMBER</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
		T O T A L	_____	_____

NUMBER OF DRAFTS ISSUED _____ TOTAL AMOUNT OF DRAFTS ISSUED \$ _____
(Do not include voided/cancelled checks in total above)

CURRENT PERIOD VOIDED/STOPPED DRAFTS

<u>DRAFT NUMBER</u>	<u>DATE ISSUED</u>
_____	_____
_____	_____
_____	_____
_____	_____

DRAFTS ISSUED IN PRIOR PERIOD WHICH WERE
VOIDED/STOPPED THIS PERIODCORRESPONDING REPLACEMENT
(IF ISSUED)

<u>DRAFT NUMBER</u>	<u>DATE ISSUED</u>	<u>DRAFT AMOUNT</u>	<u>DRAFT NUMBER</u>	<u>DATE ISSUED</u>	<u>DRAFT AMOUNT</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
T O T A L		\$ _____	T O T A L		\$ _____

SIGNATURE OF PREPARER_____
OFFICE TELEPHONE NO.

PRINTED NAME _____

DPS USE ONLY:

VERIFIED BY: _____ DIFFERENCE: _____

COMMENTS: _____

PAGE _____ OF _____

ALBUQUERQUE AREA INDIAN HEALTH SERVICE
IMPREST DRAFT CONTROL REGISTER
THIRD PARTY DRAFT SYSTEM
FOR FISCAL YEAR 1991

Prepared By:
AAIHS/FINANCE
Date:

REPORT NUMBER:

REPORT AS OF: _____

PRINCIPAL:

ALTERNATE: _____

[illegible]